

# Missouri Division of Medical Services

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## Special Bulletin

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### **IMPORTANT INFORMATION REGARDING THIS BULLETIN**

Due to budget constraints no paper copies of this bulletin will be printed or mailed. This bulletin is only available on the Internet at the DMS website, [www.dss.state.mo.us/dms](http://www.dss.state.mo.us/dms). This bulletin will be posted at this location and will remain until it is incorporated into the provider manuals as appropriate. At that time, the bulletin will be deleted from this site.

### **MC+ MANAGED CARE FOR THE EASTERN AND CENTRAL MC+ MANAGED CARE REGIONS**

**Effective January 1, 2003**, the State of Missouri will continue a managed care health care service delivery program in the Eastern and Central regions of the state. The Eastern and Central regions include the following:

**Eastern Region:** Franklin, Jefferson, Lincoln, St. Charles, St. Francois, Ste. Genevieve, St. Louis, Warren, and Washington counties and St. Louis City.

**Central Region:** Audrain, Boone, Callaway, Camden, Chariton, Cole, Cooper, Gasconade, Howard, Miller, Moniteau, Monroe,

Montgomery, Morgan, Osage, Pettis, Randolph, and Saline counties.

MC+ managed care serves individuals meeting specified eligibility criteria. Refer to Section 1.5.B of the Provider Manual for a listing of MC+ managed care eligibles.

### **EASTERN REGION MC+ MANAGED CARE HEALTH PLANS**

New contracts have been awarded for the Eastern MC+ managed care region. The following MC+ health plans will provide services for the MC+ Managed Care Program in the Eastern Region:

**Mercy Health Plans**  
Corporate Office  
425 S. Woods Mill Rd.,  
Ste. 100  
Chesterfield, MO 63017  
Phone: (314) 214-8100  
FAX: (314) 214-8001

**Community Care Plus Health Plan**  
5615 Pershing Ave., Suite 29  
St. Louis, MO 63112  
Phone: (314) 454-0055  
FAX: (314) 361-7250

**HealthCare USA**  
10 S. Broadway, Suite 1200  
St. Louis, MO 63102  
Phone: (800) 213-7792  
FAX: (314) 444-7244

**CENTRAL REGION MC+**  
**MANAGED CARE**  
**HEALTH PLANS**

New contracts have been awarded for the Central MC+ managed care region. The following MC+ health plans will provide services for the MC+ Managed Care Program in the Central Region:

**HealthCare USA**

10 S. Broadway, Suite 1200  
St. Louis, MO 63102  
Phone: (800) 213-7792  
FAX: (314) 444-7244

**Missouri Care Health Plan**

2404 Forum Blvd.  
Columbia, MO 65203  
Phone: (573) 441-2100  
FAX: (573) 441-2199

**UPDATE TO ME CODE 82**

ME Code 82 was not made effective as announced in Special Bulletin, Volume 24, No. 5, dated January 22, 2002. Individuals whose eligibility code was previously changed from ME Code 79 to ME Code 05 remain eligible under ME Code 05.

**PRESUMPTIVE**  
**ELIGIBILITY FOR**  
**CHILDREN**

The federal Balanced Budget Act of 1997 gave states the option of providing a period of presumptive eligibility to children in families with income below 225% of the

FPL. Missouri has elected this option and effective December 1, 2002 children under the age of 19 may be determined eligible for benefits on a temporary basis prior to having a formal eligibility determination completed.

Presumptive eligible children are identified by ME code 87. These children receive the full range of Medicaid covered services subject to the benefits and limitations specified in each Medicaid provider manual. These children are NOT enrolled in managed care plans but receive all services on a fee for service basis as long as they are eligible under ME code 87. Claims for these children are submitted to Verizon, the Medicaid fiscal agent, in the same manner as any other Medicaid or MC+ beneficiary.

Section 1920A of the Social Security Act allows states to determine what type of Qualified Entities to use. Currently, Missouri is limiting qualified entities to children's hospitals. Additional types of qualified entities will be added at a later date.

Designated staff of qualified entities make presumptive eligibility determinations for children by determining the family meets the income guidelines and contacting the MC+ Phone Centers to obtain

a Medicaid number. The family is then provided with a MC+ Presumptive Eligibility Authorization PC-2 notice that includes the Medicaid number and effective date of coverage. The MC+ Presumptive Eligibility Authorization PC-2 notice guarantees a minimum of five days of coverage with day one being the beginning date. After the five days, providers should be checking eligibility as for any client. The family will also receive a plastic I.D. card. A sample MC+ Presumptive Eligibility Authorization PC-2 notice is attached to this bulletin. Coverage for each child under the ME code of 87 will continue until the last day of the second month of presumptive eligibility **unless** the Division of Family Services determines eligibility or ineligibility for MC+ prior to that date. Presumptive eligibility coverage ends on the date the child is approved or rejected for a regular MC+/Medicaid program. Presumptive eligibility is limited to one period during a rolling 12 month period.

Qualified entities making temporary eligibility determinations for children facilitate a formal application for MC+. Children who are then determined by the Division of Family Services to be eligible for MC+ or Medicaid will be placed in the

appropriate Medicaid eligibility category (ME code), and will subsequently enroll with a managed care plan if residing in a MC+ health plan area and under ME codes enrolled with health plans.

**DURABLE MEDICAL  
EQUIPMENT (DME)  
BILLING  
CLARIFICATION**

As stated in Question 8 of the Special Bulletin, Volume 25, No. 1 dated September 6, 2002, "Providers should only bill services through the end of the month for any Medicaid recipient." Effective October 1, 2002 claims must be submitted for calendar months on all spenddown recipients. If authorization was given beyond the end of a month, providers must bill the September, 2002, billing from the approval date to the end of September, 2002. The next month billing must then begin with October 1, 2002, through October 31, 2002, etc. If claims have been submitted with dates extending into the next month, that claim will deny, and a new claim **must** be resubmitted.

The Division of Medical Services (DMS) is in the process of correcting DME rental prior authorization requests to allow the last month of service to pay. This

correction will authorize service through the last day of the month in which the Prior Authorization (PA) ends and authorize one (1) extra unit to allow the partial month to pay as well as the last full month. Providers **should not** bill for the last month of the PA until they receive notification from DMS that the PA has been corrected.

With the exception of electronic crossover claims DME providers **must** bill by calendar month on **any** item requiring a from and through date of service regardless if it is a spenddown recipient or not. Claims that are to be billed for existing PA requests for non-spenddown recipients must be billed as the PA was approved even if they cross calendar months. Any new approvals will be based on a calendar month.

**Provider Communications**  
(800) 392-0938  
or  
(573) 751-2896

**MC+ PRESUMPTIVE ELIGIBILITY AUTHORIZATION**

\_\_\_\_\_(NAME)  
\_\_\_\_\_(ADDRESS)  
\_\_\_\_\_(ADDRESS)  
\_\_\_\_\_(ADDRESS)

Dear

The following children are presumptively eligible for MC+ healthcare coverage based upon income information provided. Their coverage will continue until a decision is made on eligibility for on-going MC+/Medicaid. MC+/Medicaid healthcare coverage can pay for covered medical services only when the medical provider you use accepts Medicaid payment on a fee-for-service basis.

The MC+ application you completed has been forwarded to the MC+ Service Center for evaluation. You will be notified of the decision in the children's eligibility for on-going coverage.

You will receive a red MC+/Medicaid card in approximately five days for each of the children listed below. Until you receive the red card(s), use this letter when you take the children to your doctor, pharmacy or other medical service provider. If you have questions about Medicaid providers or how to get Medicaid services, please call the Medicaid Recipient Services Unit toll free number at 1-800-392-2161.

If you have questions pertaining to continuing MC+/Medicaid eligibility please call the MC+ Service Center toll free number at 1-888-275-5908.

Qualified Entity: \_\_\_\_\_

Date: \_\_\_\_\_

**CHILD'S NAME**

**MEDICAID NUMBER**

**BEGINNING DATE  
OF COVERAGE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting with the beginning date, this form guarantees coverage for a minimum of five days even if eligibility is not confirmed by the Medicaid system on the date of verification. The beginning date counts as day one.

**Medicaid Provider:** If more than 5 days from beginning date of coverage, use the Medicaid number listed to check to see if the child is eligible.